

## NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## APPLICATION FOR REFUND OF CONTRIBUTIONS

Name:	S.S.N.:
Present Address:	
Permanent Address:	
Employed by:	
Date of Employment: Date	of Separation:
	ion to release to Other: $\Box$ Attach Form SF-6C
MEMBERSHIP CLASS Class MEMBER HOME LOAN RECIPIENT Yes	ss I Class II No
contributions and accrued interest, if any, accruing to my credit in the Fund. Upon receipt of the Refund, I hereby acknowledge that by that fact, my survivors, beneficiaries and I have forfeited, waived, and relinquished all accrued rights and benefits in the system, including all credited and creditable service.  In accordance with 1 CMC § 8356, I understand that the Refund will be made within a period not to exceed three months after receipt of my application, provided all required documents are submitted to the Fund. I am enclosing a copy of my Official Personnel Action as evidence of my complete separation from government service.  Signature of Applicant  Date	
(Application <u>not</u> valid if unsigned)	
FOR FUND USE ONLY:	TOTAL VESTING SERVICE
Total Contribution       \$	
Less 10% Penalty Deduction \$ < >	PERIOD COVERED
Less 25% Settlement Agreement \$ <>	//
Total Refund \$	FROM TO
Computed by:	Date:
Reviewed by:	Date:
Approved by:	
Note: Complete file must be routed with this form.	SF-6A (Rev. 01/2015)

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